



## SMALL ANIMAL ADOPTION QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Thank you for considering adopting an orphan from our shelter. You will be making a 4-8 year commitment to SMALL ANIMAL you adopt and our goal is to help make the best match possible for you and the orphaned SMALL ANIMAL you are interested in. The following questions will help us achieve that goal.**

- 1) Do you currently live in a ☐House ☐Apartment ☐Condo ☐Other \_\_\_\_\_
- 2) Do you currently ☐Rent ☐Own ☐Lease the residence where you live?
- 3) How long have you lived at your current residence? \_\_\_\_\_

**If not property owner, Seattle Animal Shelter has my permission to verify current pet policy**

Landlord's Name \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

- 4) How many adults live in your home? \_\_\_\_\_
- 5) How many children? \_\_\_\_\_ Ages \_\_\_\_\_
- 6) Does anyone in your household have allergies to animals or hay/alfalfa? ☐Yes ☐No
- 7) Who will be primarily responsible for the care of this small animal? \_\_\_\_\_
- 8) Is this small animal a gift? ☐Yes ☐No If yes, for whom? \_\_\_\_\_
- 9) Which of the following best describes your reasons for wanting this small animal? (Check all that apply)  
☐Companion ☐Breeding ☐For the children ☐Companion for other pet ☐Classroom Use/Pet
- 10) How many hours will the small animal be alone from people each day? \_\_\_\_\_
- 11) How will the small animal be housed? ☐Inside cage ☐Outside hutch ☐Loose in house ☐In garage
- 12) Are you prepared to take this small animal with you if you move? \_\_\_\_\_
- 13) What will happen to the small animal if you go on vacation or out of town? \_\_\_\_\_
- 14) How many hours each day will you be interacting with the small animal? \_\_\_\_\_
- 15) Have you ever owned a small animal? \_\_\_\_\_ If yes, how long ago? \_\_\_\_\_ What happened to the pet? \_\_\_\_\_



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- 16) Please list all of the pets you have had in the last 10 years including current pets, and those you no longer own

Breed	Age	Sex	Spayed/Neutered	Owned how long?	Does the pet still live with you? If not, what happened to him/her

- 17) If you have other pets, are their vaccinations current? ☐ Yes ☐ No
- 18) If you have other pets, are they currently licensed? ☐ Yes ☐ No
- 19) Do you have a regular veterinarian? ☐ Yes ☐ No Name \_\_\_\_\_
- 20) Under what circumstances would you **not** keep this small animal?
- 21) \_\_\_\_\_
- 22) How much do you expect to spend per year to care for this animal (cage, food, supplies, toys)?  
\$ \_\_\_\_\_
- 23) Please check the topics you would like our staff to discuss with you today
- ☐ Hand socialization ☐ Exercise Requirements ☐ Diet
- ☐ Caging ☐ Proper handling techniques ☐ Small animals and kids

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Seattle Animal Shelter. I understand that all animals adopted from Seattle Animal Shelter must successfully pass a health and temperament screening and must be spayed or neutered before they are released from the shelter.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Case Number \_\_\_\_\_ Reviewed by \_\_\_\_\_ Date \_\_\_\_\_